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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

COMPOUND COMMINUTED FRACTURE OF THE RIGHT LEG—IN THE VICINITY OF THE ANKLE-JOINT, BADLY UNITED, WITH GREAT DEFORMITY OF THE LEG AND FOOT—CARES OF BOTH TIBIA AND FIBULA AT THE SEAT OF FRACTURE—RESTORED TO PERFECT USEFULNESS.

By A. G. WALTER, M. D.,

Of Pittsburg, Pa.

Balthasar Stoeckinger, set. 40 years; resident of Mullers' Alley, 11th Ward, Pittsburg; laborer; of nervous temperament; small stature; slim body; hereditary phthisical constitution; dry, teasing cough during the winter months. Was struck while at work, fourteen months ago, by a heavy mass of iron upon the outer face of the right limb, above and at the ankle-joint, fracturing the fibula two or three inches above the malleolus externus, also fracturing the tibia above the malleolus internus. The skin and aponeurotic coverings were torn for the space of three inches above the malleolus externus in the longitudinal axis of the limb, and also in a transverse direction to the extent of two inches above the internal malleolus. Considerable bleeding followed the injury.

The patient was removed from the workshop, where the accident happened, to his home, and medical assistance at once summoned. The limb was cleaned and put into a box, with wet cloths as a dressing. This constituted the treatment for the first week, after which a wire splint was substituted for the box—the limb being kept in a swing. It was kept in this position for four months, at the expiration of which time it was laid on a

pillow, and the patient for the first time allowed to change from the recumbent to the sitting posture.

There was a great deal of suppuration from the wounds, cicatrization proceeding but slowly, as the system suffered greatly from the continued drain incident to cutaneous, fascial and bony destruction. Six months having thus passed, nature had succeeded in repairing so far the injury that large fistulous openings only remained at the seat of the fracture, still discharging ill-conditioned pus, and giving evidence of deep-seated ulceration. In this condition the patient was left by his medical attendant, who assured him, as did other practitioners who had called from time to time, that eventually cicatrization and recovery would take place. This, however, did not take place, as fourteen months after the receipt of the injury the same ulcerative destruction of bony structure continued, together with such an aggravated deformity of the leg and foot that the use of the limb, even if healed, would be entirely out of the question.

Thus far I have detailed the history of the case as received from the patient and his friends, when my services were requested. At that time the condition of the man and his limb was as follows:

It was but natural that protracted confinement, associated with the great shock and the continuous drain upon the system in an unhealthy and feeble constitution, should have left unmistakable marks upon his person as evidences of the prolonged struggle of nature's innate recuperative powers against an injury of so grave a character, and so little aided, if aided at all, by surgical assistance. Such, however, was his condition for anemia. A feeble, quick pulse, impaired digestion, and flaccid

muscles, portrayed the waste which his constitution had endured for many months. But if his general condition gave proof of protracted sufferings—enlisting earnest sympathy—his limb and foot presented such a diseased and crippled condition as to well nigh cause a conservative surgeon to despair of affording relief under such unfavorable circumstances, and to decide at once on amputation as the safest and speediest means of ridding the system of the continued irritation incident to caries of the tibio-fibular-astragalean articulation, and the patient of a limb which, to all appearances, would be useless for locomotive purposes. There was knock-knee, due to the mal-position in which the limb had been allowed to rest, and great deformity at the ankle-joint—the fracture of the tibia and fibula not having been reduced—the result was a deep curve on the outer face of the limb above the malleolus externus, while the lower part of the tibia and malleolus internus were very prominent along the inner face of the limb. The greatest amount of deformity, however, was found in the foot, it representing the most aggravated species *pes-equinus*. The heel was retracted about six inches, with rigid contraction of the tendo-achillis; the fore part of the foot, along with the toes, was curved toward the sole of the foot, not admitting of the least extension, in consequence of the rigidity of the palmar fascia and the flexors of the toes. Voluntary motion of both flexors and extensors of the foot and toes were entirely lost.

A general rigidity pervaded the entire osseous, tendinous and aponeurotic apparatus, the high degree of phlogistic action having matted all the parts solidly together. Thus the uselessness of the foot was apparent, as in the standing position the dorsal surface of the curved toes touched the ground instead of the plantar one. Cicatrization had proceeded so far at the seat of the injury as to leave only a superficial ulcerative surface, about one inch in diameter, with fistulous openings above the malleolus externus. Upon introducing a probe, it passed readily toward the malleolus internus, and downward into the tibio-astragalean articulation, which had become a cavity one and one-half inches in extent. There was also caries of the malleolus externus and the lower surface of the tibia and astragalus. There was considerable

new osseous deposit at the seat of the fracture, which added greatly to the deformity in that locality—the bones being firmly united in their malposition, and it was only by forced manipulation that hardly any motion could be detected at the ankle-joint. The foot had become smaller than its fellow, and was cold and bereft of normal sensibility.

Under such unfavorable circumstances, was it reasonable to suppose or entertain the hope that conservative means would be availing in parts thus vitally injured and bereft of nervous energy and proper nutrition? Was there not risk to the life of the limb and that of the patient to be apprehended by subjecting the limb to the resection of several carious bones, the subcutaneous section of contracted tendons and fasciæ, and brisement force necessary to remove the deformity, and of taxing anew the feeble powers of life with the irritation and drain of the system which must follow such extensive resection and forced manipulation?

The careful consideration of these questions was of paramount importance not only to the patient but to the surgeon. To the patient the interest was vital; and to the surgeon, in case of failure, reputation would be at stake, to be followed by reproach in the face of an array of medical testimony deeming amputation of the injured limb not only justifiable, but imperatively demanded. Grave, however, as these considerations were in regard to the successful issue of the case, yet encouraged by ample experience in the conservative field, and deeply sympathizing with the poor and afflicted patient, I resolved to resort to conservative treatment in preference to amputation. With this view several weeks of preparatory treatment were instituted for the purpose of recuperating the vital energies of the system and of locally restoring more vigorous arterial circulation in the limb. Tonics, stimulants and a nutritious diet were called into requisition, while the foot and leg were kept enveloped in a warm linseed-meal poultice—the patient being allowed to walk on crutches, in order to favor a free entrance of blood into the injured limb.

This preparatory treatment had the desired effect, as strength had returned with the increase of appetite and circulation, the pulse having gained in volume and lost in frequency, and all the functions appeared normal (the

dry, teasing cough remaining), the limb too having recovered proper temperature and sensibility.

On November 13th, 1870, the proposed operation for the relief of the patient was performed. Dr. GREENAWALD, of this city, kindly superintended the administration of chloroform. The patient, after a few minutes of inhalation, fell into a quiet sleep with respiration and circulation undisturbed. As soon as anesthesia was obtained the tendo achillis was subcutaneously divided. Some caution was required during its section, as plastic deposit had matted it firmly to the skin and the surrounding cellular tissue. The tendo tibialis anticus, the flexor communis digitorum, brevis and flexor pollicis longus with the fascia plantaris were next subcutaneously divided, as they were found structurally contracted. An incision was then made in the longitudinal axis of the limb across the fistulous openings of the fibula three inches in extent, while two transverse ones were made at the extremities, each one and a half inches long, intersecting the first. The flaps thus formed were reflected by a bone chisel, the periosteum being carefully saved; the new involucrum of the fibula was freely exposed. Two buttons were removed from this new bony deposit with the trephine, the intervening portion being resected by the chisel. Thus room was gained for attacking the carious structure of the fibula, tibia, malleolus internus and astragalus by the gouge. Some portion of sequestrum of the fibula was found and removed. Great care was taken in detaching all carious material.

The inner face of the ankle-joint, below the internal malleolus, was next perforated to admit the passage of an oiled tent from the fibular wound across the joint. This proceeding of passing setons across the bones in deep bony cavities, I may be here allowed to recommend as a conservative means of great importance, for by the occasional shifting of the seton the discharge of the debris of bony material and pent up matter will be facilitated, while injections, too, when made from either opening, will assist in cleaning the bony cavity and aiding the reparative process. All the carious tissue and pseudo-plastic (pyogenic) membrane with which the cavity was filled, having been carefully removed by the gouge, and the resistance of the tendons and fascia

having been overcome by subcutaneous section, the next and most important step—the restoration of the foot to its normal position—was proceeded with. Gentle, but steady force, first being applied to the toes, their natural position was restored—a perceptible cracking of the joints indicating their liberation. The ankle-joint was then forced into its original position, the remaining shell of the tibia and fibula having been broken. The foot had assumed its rectangular correspondence with the leg. There was free capillary bleeding from the wounded bones, no ligature being needed, the astringent effect of cold water alone being sufficient to arrest all bleeding.

The large cavity in the bony structures—large enough to admit a hen's egg—was cleared of blood, and then freely sponged with carbolyzed oil and then filled with lint soaked in the same liquid. A carbolyzed linseed meal poultice, lukewarm, was then applied and made to envelope the entire foot and lower part of the leg. The whole limb—foot included—was then placed upon a well padded sheet iron splint, which I am in the habit of using, and secured in this position by many turns of a flannel bandage, from the toes upward. The deformity of the knee (knock-knee) was rectified at the same time by lateral splints supporting the joint in its natural position. For the comfort of the patient, the limb was kept swinging. No bad effects following the anæsthetic. Sulph. morphia gr. 4 was subcutaneously injected. There was some oozing of blood through the dressings some hours later, which was speedily arrested by elevating the foot.

The patient slept well the following night, reaction being but moderate, a liberal use of wine having been granted. On the next day the patient was comfortable beyond expectation, free from fever, with a quiet and firm pulse. No pain was complained of, but merely soreness in the region of the ankle and foot. As the bandages were found stained with blood, the dressings were removed and the limb abluted with carbolyzed water and the dressings renewed. There was no swelling about the limb and no change visible with the exception of a slight erythematous blush over the dorsal face of the metatarso-phalangean articulation of the great toe, associated with a burning sensation. The subcutaneous injec-

tion of morphia was repeated and a liberal allowance of nutriment and wine was ordered.

It would be superfluous to continue the daily record of the case, as it went on without any unfavorable symptom. There never was any fever. Appetite and sleep were natural. Suppuration proceeded duly but kindly, and in moderate quantity, healthy granulations filling the bottom of the deep, bony cavity. The limb was but seldom removed from its cushioned splint, as it had been so arranged that cleansings and redressings could be made without disturbing the repose of the limb. On Nov. 28th my notes, which I took in the case, report: "That the wound has filled up, the cavity in the bones being obliterated; suppuration is very slight, and the granulating surface looks very healthy. The tent, however, across the malleoli is still retained, eliciting a feeling of bony roughness when moved. The deformity of the knee is gradually disappearing under the steady pressure of the cushioned lateral splints. The foot stands in the normal position, and the case is in every way gradually approaching perfect recovery."

Five weeks from the time of the operation the wound in the ankle-joint had closed; the seton, no longer grating against rough bone, was removed. A shorter splint, embracing merely the leg and foot, was now substituted for the long one. A few weeks later the patient was allowed to walk on crutches. In February following he began to walk upon his foot, free of pain, with motion of the ankle-joint and perfect control of the injured limb. The limb is still kept bandaged, while sheet iron splints support the lateral faces of the leg. The patient has recovered his usual health, and some months later was able to resume his occupation as laborer and support himself and family. I have seen him repeatedly since, making good use of his limb.

That the fracture of the limb after the accident had not been reduced needs no confirmation; that the limb had been left alone in nature's trust, unaided by any intelligent assistance, is equally certain, and that if it had been properly treated at first the patient would have been saved many months of useless confinement, discomfort and expenditure, as the history of the case shows that the patient, though apparently of feeble constitution, was the possessor of extraordinary recuperative powers, which, properly aided at first, must have proved as prompt and effective in resto-

ration at the time of the injury as they have proved fourteen months after the accident.

The fortunate issue in the foregoing case, which, although hoped for under such unfavorable conditions, and in the face too of the conjoined opinions of many medical men to the contrary, was more rapid and complete than could have been expected, and deserves to be placed in the wreath of laurels which *conservative surgery* has achieved.

Gratified with greater success in the case than he had reason to anticipate, the surgeon may lay a higher claim on his exertions than he is justly entitled to, overlooking the fact that it is to the intrinsic and wonderfully recuperative powers of nature that justly belongs the first and greatest homage for such happy results. Like a victorious general who, fondling himself on the success of tactics and maneuvers, which he supposed had led his army to victory, meanwhile forgetting that to the spirit and bravery of the men under his command his success was mainly due, so too with the surgeon who, elated by fortunate results in such cases, may fail to give nature her proper due, instead of only reserving to himself the glory of having been able to serve her intelligently. Successes in cases like the one narrated will serve as broad landmarks in the surgical field, and should stimulate the votaries of surgical science to a still greater faith and a stronger dependence on nature's curative powers.

May we not hope that the time is not far distant when medical men, more fully impressed with this view, will labor in their avocation as true and diligent ministers of nature. Then, and not till then, will the science of medicine become simplified and easier of practice, and surgery will have attained to that high position, which with rapid strides it is fast approaching—*when mutilation in surgical injuries will be a reproach, and restoration be the rule of practice.*

PUERPERAL MANIA.

By M. M. BROWN, M. D.

[Read before the Tompkins County (N. Y.) Medical Society, June 26, 1871.]

This melancholy disease is one that does not occur very often, and it is well that it does not, for by its rare occurrence the physician, as well as the friends of the patient, escape much embarrassment. I have seen

but few cases in the years that I have been engaged in the actual practice of medicine, and shall not murmur if I never behold another. It is dreadful in my estimation for a mother to be bereft of her reason at a time when she so much needs to be clothed in her right mind.

The case which I propose to consider now is replete with interest to the medical man for several reasons.

I was called October 3d, 1870, to visit Mrs. M., in the town of Dryden, who had been confined some ten weeks previously, having given birth to a vigorous boy. She was put to bed by Dr. B., of Lansing, who stated to the friends, while in attendance, that the presentation was unnatural, and he should be obliged to turn the child before it could be delivered. It was accordingly done, and the patient was seemingly doing well when the doctor left her. It was noticeable shortly thereafter, however, that she was not in her right mind. She did not rave, but persistently refused to take food or drink and acted very strangely, stating that "she should not live and that she wanted to die." She paid no attention to her child, and never caressed it for one moment till a few days before she died, when she wished it brought to her bed, simply giving it a fond look and then motioning it from her.

She refused to talk, and only communicated her wishes by writing and motions. When asked why she did not talk and eat, she pointed to her throat, and then wrote that her "gullet was stopped up." By direction of Dr. B. she was not compelled to eat, he stating to the friends that nature would demand food in due season. The doctor bled her once in both arms, at what period in her sickness I am not able to state. He did it—so the family informed me—because the patient would not be satisfied till it was done.

But very little milk was secreted in the patient's breasts, and the child was fed from a nursing bottle. The bowels were very inactive, and little passed from them the very first. She was treated by Dr. L. of Etna, for a short time, and with no better success than Dr. B. of Lansing. He failed to make the patient eat or take medicine. So much for the history of the case as learned from her relatives.

Dr. W. L. WHEELER was in council with me when I first saw the lady, and he made a

thorough examination and learned in part the history above given. We found her skin dry and hot, her pulse weak and frequent; her tongue dry and coated brown in the center, with fiery red edges; sordes on her lips and teeth; excessive fetor of breath; tenderness of epigastrium and hypogastrium; breathing rapid; head hot; eyes glaring, and dilated pupils. She had in reality been starved to death, having eaten nothing for thirty-one days. The only nourishment she had taken during the time was per-rectum.

Her bowels had not moved for two weeks, though she had frequent injections of warm water and beef-tea; her urine was scanty and high colored, with brick-dust sediment. I discovered white floccula also floating in it; no doubt degenerated mucus. She had experienced much difficulty in voiding her water, and I was compelled toward the last of her illness to use the catheter. We gave the friends but little encouragement, but thought if she could be made to eat and take medicine she had one chance in fifty, or such a matter, of recovering. She, no doubt, was suffering somewhat from uremic poisoning, when we first saw her. I had no such remedies with me as I wished to prescribe, thinking when I went there that I was only called for an opinion.

I visited her the next day, however, and prescribed pyrophosphate of iron, chlorate of potassa, and Fowler's solution; the iron to be taken in the morning, the potassa at noon, and the arsenite of potassa at night—all to be given in milk or beef-tea.

On my second visit I approached her with the child in my arms, and tried to get into her good graces, but failed to elicit any attention from her. I praised her babe, and told her I had come to cure her, that she might be restored to her friends in her right mind, and thus be able to bless her child as it grew up to manhood. She wrote on a scrap of paper that her mind was sound, and that she did not wish to recover.

I saw that it would avail me nothing to coax her, so I laid the child in the cradle and stepped to her bed-side, and told her she must eat, and trusted she would do so, and not put me to the trouble of forcing food down her. I further told her that I had a set of straps in my buggy that I used to tie refractory patients, and should tie her if she refused to

drink some milk, or such food as I choose to give her.

I ordered her mother to beat an egg thoroughly. I gave her to understand that she must drink it. I put my right arm around her shoulders, and placed the cup to her lips. She forthwith began to talk in a boisterous manner, which startled all her friends immensely—this being the first time she had spoken for several weeks.

She drank a part of the egg, and in three hours drank a few spoonfuls of sweet boiled milk. From this time on she took food and medicine till her death. The fetor lessened in her breath, the sordes left her teeth and lips, her tongue became clean, and she improved in many respects. We began to entertain hopes of her recovery. But her kidneys failed to act, and she fell into a deep sleep, from the urea in the blood, from which she never awoke.

The pathology and history of this fearful disease are familiar to you all, no doubt, and comments thereon by one who has had so limited an experience as myself would be taking your valuable time for no material purpose. I have no doubt, though, that the primary cause of this woman's insanity was disease of the brain and its membranes, superinduced by toxemia of the blood. Toward the last she rolled her eyes fearfully, and had occasional strabismus. There must have been effusion of serum into the ventricles.

The late Dr. BEDFORD, of New York, gives it as his opinion that puerperal mania, in many instances, has its origin in the brain and its membranes. The symptoms indicating the phrenitis, he says, are as above given, viz.: rapid pulse, hot, dry skin, dry tongue with much heat in the head, etc.

ESQUIROL claims that child-bed mania most commonly is caused from prostration of the vital powers of the brain and nervous system, caused by some drain upon the various functions of the body, viz.: imperfect assimilation of food, derangement of the liver, stomach and bowels; also from excessive nursing of infant, loss of blood, leucorrhœa, etc.

In closing this article I shall simply call your attention to three points of interest: 1st. That if the proper means had been resorted to, the patient might have been compelled to take nourishment, and in my opinion

her life have been saved. 2d. She should have had tonics, soporifics, nervines, and gentle aperients from the first of her illness, and should not have been bled under any circumstances. 3d. Bathing with warm water, at least three times a week; good nurses should have been constantly in attendance, and the gossiping neighbors should have been kept out of her apartment. Special attention should have been paid to her kidneys and bladder. Her urine should have been drawn, or otherwise caused to flow, at least once every twenty-four hours.

NOTES OF MEDICAL CASES.

By A. I. LAWBAUGH, M. D.

Of Phoenix, Mich., late Resident Physician of Long Island College Hospital, Brooklyn, N. Y.

CASE NO. I, GASTRALGIA.

During the month of August, 1871, I was called to see Mrs. P., of Lake Superior; a spare woman, 35 years of age; married but no living children, all having died during infancy; temperate in all respects, except the occasional use of beer.

On my first and subsequent visits I gleaned the following history: She has, for the last three years, been a sufferer from a very aggravated form of dyspepsia; at times a slight improvement, but no permanent alleviation of her suffering.

At the time of and previous to my first visit the imperfect action of the stomach was shown by the following train of symptoms: loss of appetite; tongue slightly everted in its papillæ, and a whitish fur upon it; there is frequent vomiting of the food taken; or, if the stomach is empty, the fluid ejected is watery and of an acid taste and reaction; bowels irregular; a sense of oppression or weight over the epigastric region comes on after taking food, which increases in intensity until the ingesta are ejected by vomiting; her rest very irregular, and sleepless nights are a common occurrence.

The symptom most complained of was a constant severe pain in the epigastric region, increased on taking food, not by pressure, and never entirely absent. With all these symptoms were associated great languor and exhaustion.

Careful examination disclosed no appreciable disease or lesion of any organ or viscera, except such as is induced when the great organ of assimilation is disordered.

No organic disease of the stomach could be diagnosed. Gastritis, both acute and chronic, were excluded by absence of fever, tenderness on touch over the epigastric region, of constipation, thirst, etc.; gastric ulcer, by absence of hematemesis, of localized soreness to the touch in the epigastric region; gastric cancer by absence of tumor, of fever, of hematemesis, of painful touch, cachexia, etc. Various forms and combinations of medicine and diet had been prescribed for the patient by the several physicians under whose care she had been, such as prussic acid, bismuth, nitrate of silver, nitric, and other acids, gentian, columbo, soda, and various alkalies, lime water and milk, etc., but all without any permanent benefit. I first faithfully tried arsenic, tincture nux vomica, and ipecac., but with no better success than my predecessors. Finally I prescribed, as diet, a medium slice of graham bread with a wineglass of porter, to be taken night and morning; as medication, I began giving hypodermic injections of strychnia, 1-120 gr. every third day.

The improvement was immediate and remarkable; patient rested better the first night after the injection, and the following day only vomited twice; after the second injection her diet was increased.

Altogether, four injections were given with the effect of almost entire removal of the gastralgia, and an entire cessation of the vomiting. The citrate of iron and quinine was prescribed after the discontinuing of the injections. The patient has not had any return of the pain or vomiting; both mental and physical condition are better than at any time since first attack, nearly three years ago.

What the action of the strychnia was in the economy I will not attempt to explain, but simply content myself with a statement of the facts. That it was purely neurotic in character was very evident; hence, probably, the curative action of strychnia.

CASE II.—DYSPEPSIA.

R. S., *et.* 31, applied to me for relief from attacks of severe pain accompanied with vomiting, generally occurring an hour or so after meals, but frequently several times during the night; he could obtain but little sleep.

His countenance was natural, but his mind dejected; the tongue clean; bowels slightly constipated; urine normal. Nothing could be detected on palpation of the abdomen, but slight pain was produced in the epigastric

region. Various forms of medication had been tried, but without much relief.

An easily digested diet was ordered, with two drops of Fowler's solution a short time before each meal. Treatment continued three weeks with perfect relief from all painful symptoms.

CASE III.—IRRITABLE STOMACH.

Maggie L., a bright girl of 10 years, was brought to me by her mother for relief from a condition which had very much impaired the health and strength of her daughter.

The symptoms noted were: A general feeling of hunger, accompanied by a sinking sensation in the epigastric region, which was relieved by taking food, but as soon as this was taken, and often even while engaged in eating, there would come on an urgent desire to evacuate the bowels.

The motions were either solid or semi-solid, and containing lumps of partially digested food and even some scarcely more than masticated. Fowler's solution was ordered for her in two drop doses a short time before meals. The medicine was continued five weeks, and a perfect recovery followed. In gastralgic and irritable neurotic conditions of the stomach I have derived much benefit from one to two drop doses of Fowler's solution taken on an empty stomach.

CHLOROFORM MODIFIED BY WHISKY.

By H. L. U. BURRITT, M. D.,
Of Bridgeport, Ct.

I have been for some time trying (since suggesting the use of spirits as a safeguard from the effects of this anæsthetic in the *REPORTER* several years ago), the effects of large doses of stimulants in shortening and in modifying the stupor of chloroform, and making its effects none the less certain, and the danger (as I consider it), far less; and I have come to the following conclusions from quite a number of experimental cases: 1. That premising the use of brandy or whisky in any case, the use of chloroform is comparatively safe. 2. That when a large quantity of the stimulant is given, the depression is less, and the recovery from the anæsthetic proportionally rapid. 3. That the remote cerebral effects, often fatal from chloroform, are less to be dreaded. I give these positions for the trial by, and the approval of, the pro-

fession, if they find the results I have thus far. I give three illustrations.

Mr. L. C. was operated on for the removal of a minie ball from two inches in depth in the upper left hypochondrial region, where it had lodged. Having fractured the scapula badly, and having ulcerated its way, after being carried eight years, since the battle of the Wilderness, in the body, being ragged in form, and having made itself the nidus of a very large, hard tumor, it was determined to search for and remove it.

The man, æt. 28; of fair health and flesh, and of light complexion, was given five ounces of whisky ten to fifteen minutes before the operation, then three drachms of chloroform in the usual manner; he showed evidently the exhilarating effects of the stimulant, and came under the power of the anæsthetic rather slowly in fifteen minutes. The incision, evacuation of pus and extraction of the ball was about as long as to time; and before he had been under the effects twenty minutes he rallied, arose, called for the ball, sat in a chair, and seemed lively and natural as ever; head clear, etc. Said: "I feel perfectly well, except for backache," and walked around the room. His pulse was quickened, but at no time small or weak during or after the operation. The patient was not used to stimulants, and it will be seen the dose was a large one. It seemed that the man had been in no danger whatever from the trial; he had none of the deadly paleness, quick, feeble pulse and short respiration, that often trouble the nerve of good surgeons. I believe that he could have been kept under the anæsthesia an hour, if necessary, without the least danger.

CASE II.—A boy of nine years; very pale; of weak constitution; was accidentally shot, at 500 feet distance, by a small pistol ball, which carried with it pieces of clothing, and formed an immense abscess in the posterior femoral region of the left leg. The leg was much contracted and painful. One and a half ounces of whisky roused him well and flushed his cheeks. In ten minutes the chloroform (3ij) was given. In fifteen minutes the hand dropped and the incision was made. Before we could evacuate the contents (some five minutes), he rallied and cried out, withdrawing the limb; 3j more put him again to rest. Ten minutes, and the finger cleared the immense

cavity of its contents—shreds of cloth, etc. His pulse was fuller, stronger and more regular, and his color better after than before the operation. He called for water, and drank, and there was not the slightest nausea after the operation, nor any effect perceptible from the large quantity of the chloroform given.

CASE III.—Mrs. S., a young woman æt. 25; small in size; light complexion and full habit; had after a natural labor, everything being clear, and the case seeming favorable, puerperal convulsions. The friends had given, before I saw her, after the labor, a tumbler of whisky and water half and half, as they said, as she complained of dizziness and other symptoms, as they supposed from faintness. The convulsion was very violent, and lasted, as stated to me, for half an hour.

She lay in a semi-unconscious state with subsultus; pulse, 112, and all appearance of convulsions returning. I gave 3ij of Squibb's chloroform. She fell into a deep, natural sleep; pulse fell to 90, and in 40 minutes awoke quite bright, asked for water, and looked natural. As she had flowed freely I omitted bleeding, and with 3j bromide potass., daily for three days and gruel diet, made a good recovery. The result, so different from all my previous experience, I think was largely due to the effect of the stimulant. I should mention, however, she had taken small doses of whisky for a month before with her dinner. I submit these immature ideas to the notice of the profession.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Professor Gross.

December 30, 1871.

REPORTED BY RALPH M. TOWNSEND, M. D.
Synovial Cyst Occupying the Popliteal Space.

A tall, gaunt farmer of New Jersey, æt. 39 years, presented himself at the college clinic suffering with a tumor in the popliteal region. The growth was first noticed about nine years ago, when it was as large as a hickory nut. Since that time it has grown rapidly, especially during the last year, and at the date of his first appearance he could scarcely flex the leg to a right angle. There is comparatively slight venous enlargement over the mass; it fluctuates, but there is no pain upon pressure. Prolonged exercise, or excessively warm

weather, makes the part feel uneasy or dragging.

This tumor is exactly over the line of the popliteal artery, a vessel that, with the exception of the aorta, is more liable to aneurism than any other artery of the body; a fact that is, probably, due to the liability of this vascular trunk to calcareous and fatty degeneration, and the giving away, as a consequence, of its internal and middle tunics when its possessor actively exerts himself. In this way a tumor of immense size may be formed, extremely liable to rupture and extravasate its contents into the surrounding cellular tissue, thus constituting a diffused aneurism.

Such an affection as this last described is most common between the ages of 30 and 50 years, and, hence, this man's age does not contra indicate the presence of such a lesion; but had this affection been an aneurism of the popliteal artery, it would undoubtedly, left to itself, have destroyed this man long ago. Furthermore, there is an absence of pulsation, which is always present in the affection under consideration.

It might be a blood cyst, but such an affection is usually the result of some external violence, and nothing of that kind has been received in this case. From the history of the case, therefore, the lecturer took it for granted that the affection was a synovial cyst or bursa mucosa, formed in connection with one of the tendons in this situation.

Several operations for the relief of such an affection may be performed. 1. The sac may be punctured, its contents evacuated, and then injected with some irritant fluid, as one drachm and a-half of the tincture of iodine to three drachms of water, to provoke obliterative inflammation. 2. A seton might be introduced. 3. By a free incision the sac could be laid open and a tent introduced to cause deep seated granulation. 4. Instead of introducing a plain tent, lint wet with equal parts of the liquor of the subsulphate of iron and water could be used. Dissection of such a tumor is not to be thought of, for although it does not probably extend into the joint, yet it lies in such close contact that the intensity of inflammation provoked by its removal might readily extend into the articulation.

An incision was made into the sac, and a quantity of sero-sanguinolent fluid escaped. After its contents had been thoroughly evacuated, lint wet with Monsel's solution and water, in the proportion above given, were plugged into the interior of the sac. The man was immediately put to bed, given half a grain of morphia subcutaneously, and the leg placed in a flexed, easy position, and covered with a strong solution of lead and opium.

A tumor in this situation, although unconnected with, might receive the pulsations of, the popliteal artery, and thus mislead the surgeon. The history of the case, in such an event,

would have much to do with confirming the diagnosis.

[Jan. 13, 1872—This patient, previous to leaving the hospital, was brought before the class by Prof. PANCOAST, to show the result of the operation performed by Prof. GROSS. The parts occupied by the tumor and its liquid contents are entirely filled up by granulations, and the operation has, therefore, been attended by complete success. Prof. PANCOAST, in a few remarks, said he regarded this tumor as some elongation of the proper synovial membrane of the joint. R. M. T.]

Sebaceous Tumor.

Mrs. E. S., æt. 48 years, has a lump upon the forehead, which has existed for two years; it looks like a red gooseberry. It is inflamed, pains, and causes fire to fly before the eyes. It is growing, and demands removal. This affection is simply an inflammation of a sebaceous follicle, with retention of its secretion. A tumor of this kind is popularly known as a wen; but among professional men the different character of its walls and contents has caused it to be variously denominated encysted, atheromatous, meliceric, steatomatous, and follicular. A molluscous tumor, called from its resemblance to the knot on the bark of a maple tree, is developed by inflammation of the sebaceous glands, and as a consequence thereof, rapid secretion and accumulation.

Such a tumor is generally of a round or oval shape, of a soft, spongy consistence, and of a reddish-brown color. It is most commonly met with in adults, although children are frequently subject to it. A sebaceous tumor, on the contrary, owes its primary origin to some obstruction of the mouth of its follicle. The retained matter gradually increasing in quantity, presses upon and expands the gland wall, until the latter may finally attain the size of an orange. The contents of the tumor variously consist of the true sebaceous matter, hairs and calculeous material, as phosphate and carbonate of lime.

In recent cases the wall of the sebaceous tumor is generally soft and delicate, but it afterward becomes thick, tough and fibrous. Childhood is the most common time for the development of these formations. Thorough excision is the only remedy for a growth of this kind, as any portion of the cyst wall left will become the nidus of a new formation.

[A single incision was now made across the tumor down to its walls, and the flaps on each side carefully dissected back. In endeavoring to enucleate the growth the sac-wall burst, and the cheesy contents were discharged. This made the remaining dissection of the sac somewhat tedious. Prof. PANCOAST, in dealing with this kind of tumor, says that whenever he feels that the contents are soft and mushy, he is persuaded that the sac-wall is in the same condition, and in these cases he does not attempt dissection, but makes an incision

right through the tumor, turns out its contents, and then thoroughly scrapes its interior. When the contents of the tumor are of greater density he makes a curvilinear incision in the skin and then dissects down under the tumor; this procedure enables him to finally turn back the curvilinear skin flaps with the tumor adherent to its under surface, whence it is easily removed.—R. M. T.]

After showing the successful results of some old cases, previously reported in these pages, Professor GROSS announced to the class that this would be his last clinic during the continuance of the present session of lectures. The prevalence of the small-pox has made the clinic barren of country cases, thus depriving the

class, probably, of the chance of witnessing many capital operations; but the cases that have been brought into the arena are those that will first demand the skill and attention of those who will so soon wrap themselves in the cloak of the profession and take upon themselves the active duties of the practice of medicine. There has not been a single death among all the cases treated. In closing, the professor said: "I thank you most cordially for the courtesy shown me in this room during the present term. You have been most orderly and gentlemanly. My very illustrious colleague, Professor PANCOAST, will take my place to give you the results of his vast experience."

EDITORIAL DEPARTMENT.

On Sick-Headache.

Dr. SAMUEL WILKS, F. R. C. P., F. R. S., Physician to and Lecturer on Medicine at Guy's Hospital writes in the *British Medical Journal*:

The subject of sick-headache is one in which I take a personal interest, having been a martyr to it all my life, and having, in consequence, too often had to compare notes with those who have been like sufferers with myself, whether they have been friends or patients. It is important to possess a correct idea of what is intended by the name, for I have often met with medical men who have no other knowledge of a sick-headache than what is implied in the term bilious attack, or the headache which follows the eating too good a dinner. A headache following a debauch or too much wine is common enough, and may happen to any one; also the headache in peculiar idiosyncracies, from eating some special article of diet, and which, probably, has a gouty origin. But the true sick-headache, which I take is almost equivalent to hemicrania or migraine, is a purely nervous affection, and occurs generally in the most temperate livers, and thus is often totally misapprehended by those who only think of headache as a symptom of stomach-disorder. It is for the most part hereditary, runs in families, and is due to a peculiar nervous temperament. Whatever produces a strong impression on the nervous system of such an one predisposed will cause an attack, and it may thus be induced in a hundred different ways. Consequently the sufferers from this complaint often make it the whole business of life to avoid moving a single step out of the even tenor of their way, so as to prevent as far as possible, even concurrence. The visit to the theatre, the concert-room, or the dinner-party, is always followed by headache, for the ex-

citement, the altered temperature or vitiated air, are all equal to its production; but even less than these is sufficient, for any strong impression on the special nerves will produce it. As a loud noise, an hour's visit to a picture-gallery, looking through the microscope, odors of various kinds, as of spring flowers, and even the testing of some substances; also exposure of the body to the sun or a strong wind; moreover, various moral causes and worry are sure to be followed by the familiar headache.

The true cause, then, of sick-headache, lies deep in the patient's idiosyncrasy, and is developed by a hundred different causes. The advice, then, to sufferers is to give as much tone as they can to their nerves by adopting all those methods which experience has shown to be good, and then avoid, as far as is practicable, all those causes which are known to excite an attack. I need scarcely describe a sick-headache—how one rises in the morning more dead than alive, perfectly unable to swallow the smallest particle of food, and often perhaps actually sick; how the head throbs, and the pain increased by the slightest movement; how speaking or doing is a burden beyond bearing; how one prays to be left alone in the utmost quiet, so that he may, if possible, sleep. To other persons the sufferer looks extremely ill, very pale, dark around the eyes, and with contracted pupil. To himself his head feels hot, and the application of cold is much refreshing. The clamminess in the mouth, the nausea, and general gastric disturbance, are secondary, and have no connection with any improper meal, and thus is in no way relieved by the too frequent and ignorantly administered purgative. This is not needed, and has no good result. The only remedies which are of any avail are those which act on the nervous system, such as hot

tea and coffee; or, after the stomach is quieter, and the more urgent symptoms have passed off, a little wine or ammonia. If the headache take more the form of hemicrania, then remedies are occasionally useful, as the local application of the bisulphide of carbon, or galvanism, and internally the bromide of potassium. This is the only drug which I have really seen to be serviceable. Whilst the nausea exists and the worst symptoms prevail, even this remedy is of no avail. So little can we prejudge the value of medicines, that I have even been willing to administer any remedy which can be proposed; and thus not long ago I myself swallowed with great faith a specific powder sent me by a friend from Vancouver's Island; but, alas! it must be catalogued with all other remedies for sick-headache—it was useless. As regards tea and coffee, which often relieve, it is possible that these and other stimulants, taken in excess, render the nervous system more susceptible to the attacks; and I believe I am right in saying that it was Mr. Martyn, of Brompton, who informed me of more than one person who had entirely lost his headache from leaving these off.

The various influences spoken of, acting through the different parts of the nervous system, impress immediately the sympathetic, and so alter the current of blood through the head; thus, while the face is pale, the larger vessels are throbbing, the head is hot, and the remedies which instinct suggests are cold and pressure to the part. In fact, of all the means which have been used to cure this trouble, the only one on which we can rely to procure relief is the wet bandage tied tightly round the head. The method must be instinctive, for it is universal, and has been from all time. As our Shakespeare is often quoted to illustrate the morbid states of the body as well as the passions of the mind, he may be again conjured up to testify to the ancient practice of which I have been speaking. For example, in the scene between Hubert and Arthur in *King John*, the latter, when petitioning for the preservation of his eyes, says:

"When your head did but ache
I knit my handkerchief about your brows."

And in *Othello* we have not only the remedy for headache given, but the cause. The former was the handkerchief about which the chief interest of the play centered.

"Dreaded—Why do you speak so faintly?
Are you not well?"

Othello—I have a pain upon my forehead here.

Dreaded—Faith, that's with watching; 'twill away again.

Let me but bind it hard, within this hour
It will be well."

The substance of this communication is, that sick-headache is not to be cured by gastro-hepatic remedies. It is a purely nervous affection, and due entirely, in my experience, to hereditary predisposition, and excited by causes innumerable which act on a susceptible nervous system. There is, then, no

cure, in the proper sense of the term, for this would imply a change in the patient's nature; and for the attacks themselves, when severe, the only relief which can be reckoned upon is to be found in a wet bandage round the head, profound quiet, and, if possible, sleep.

Chronic Dysentery treated by Chlorate Potash.

Dr. E. Z. SHACKLETON writes to *The Clinic* the following cases:

Case 1.—Mrs. A., German, æt. 29, well nourished, was attacked July 11th with dysenteric stools, bloody and frequent. Some tenesmus and tormina. Treated herself with domestic remedies until July 22, when I was called to attend her. Found upon examination the disease had passed into the chronic form. Stools frequent and small, presenting a purulent appearance, flakes of lymph, etc. Tenesmus and tormina greatly increased. Abdomen full, tender upon pressure. Prescribed

R.	Ol. ricini,	℥ss.
	Ol. terebinth.,	
	Tr. opii, aa. gtt. x.	M.

To be taken at once.

This caused evacuations of scybala smeared with a muco-purulent material.

Having had good results from the administration of pot. chlor. in several previous cases, I determined to resort to it at once; accordingly, I prescribed pot. chlor. ten grs. every 4 hours; together with 1-5 gr. morph-sulph. sufficiently often to ensure freedom from pain. Saw patient again on the 23d, when she expressed herself as feeling much better. Stools not so frequent, tenesmus and tormina not so great. This treatment was persevered in—except as pain became less, when less morph. was given until wholly stopped on the 25th. August 1st she was dismissed cured; discharges having become healthy in appearance, abdominal pains absent, etc. From this time she rapidly gained strength.

Case 2.—Fred. K., also a German and well nourished, æt. 55. Called to attend this man July 23; found he had been suffering with dysentery four days; stools frequent, small and bloody; lower bowels full. Gave full dose of mag. sulph. to carry away offending accumulations, and deplete inflamed mucous surface; operated promptly and fully. Patient not improved; gave opium and plumbi acet., fomentations to abdomen; also injections of tr. opii in thin starch water to relieve tenesmus, which it did to some extent; treatment continued until 26th; patient no better. Then changed to the ipecac. treatment, 1 gr. Morphia to quiet stomach, and in ten or fifteen minutes gave 20 gr. dose of ipecac. which was tolerated; gave this every 4 hours; continued this until 30th; discharges less frequent, but present a purulent appearance. Patient considerably debilitated. Stopped ipecac. and substituted pot. chlor. gr. x every three hours. Morphia sufficiently often to ensure rest. Continued treatment until Aug. 7th, when patient came to my office saying he was perfectly well.

Arsenic in Menorrhagia and Leucorrhœa.

Dr. J. H. AVELING, in an article in the *British Medical Journal*, says :

The preparations I have usually employed are two—the liquor arsenicalis; and the arsenious acid in granules, each containing one *milligramme*. This latter is an elegant form of administering the remedy; for, as it has to be taken at meal times, the granules can be placed on the tablecloth, wrapped in a morsel of bread, and swallowed unobserved. Considerable difference of opinion exists as to the best mode of giving arsenic, some employing large doses in quick succession, and others small, extending over a long period. Aran says: "The rapid mode of administration is better than the long continuance of small doses, because the economy habituates itself to the latter, and the therapeutical effects may be lost; and the proceeding has the additional disadvantage of leading more easily to the saturation of the economy, and consequently to intolerance." On the other hand, Sir James Simpson says: "Most reliance ought to be placed on small and very long continued doses of arsenic; and it is infinitely better and safer to trust to the curative effect of the long continuance of such small doses of this remedy, than to attempt to arrive at the same result by throwing in larger doses for a shorter time." Dr. Hunt says: "Large doses taken for a short time produce much distress, without the desired effect on the uterus." The plan of small and long continued doses is the one which I have always used; and the result has been so satisfactory, that I have never thought of adopting the more rapid method. The doses with which I commence are from two to six drops of the solution, and from one to three of the granules, three times a day, at meal times. These are small doses, when we remember that a Styrian arsenic-eater has been known to take as much as five and a half grains of arsenic at once; but they are strong enough to commence with, and may be increased from time to time, as the necessities of the case suggest, and the patient's capability of bearing the remedy permits. It is advisable to suspend its administration occasionally for a short time. This, indeed, may sometimes be necessary, should diarrhœa, nausea, or pains in the stomach supervene. It is also better not to discontinue the doses abruptly. They should be gradually diminished in quantity, and taken less frequently.

But, before endeavoring to explain the mode in which arsenic effects a cure in cases of menorrhagia and leucorrhœa, it would be well to examine the primary pathological condition of the uterus which causes them. This condition is, in a great majority of cases, one of hyperemy, which has been defined by Andral, the inventor of the word, as excess of blood in the capillaries. Hyperemia of the uterus may have a physiological or a morbid origin—physiological, when caused by sexual excitement, menstruation or pregnancy; mor-

bid, when it is the result of pre or post-inflammatory action, of traumatic, chemical or morbid irritation, of an atonic, obstructive, or hypostatic cause, or of heat, cold, etc. Of course I do not wish to deny that menorrhagia and leucorrhœa may be produced by polypi, muscular fibroids, cancer, and many other pathological conditions; but I would at the present time draw attention more particularly to those forms of menorrhagia and leucorrhœa which have a hyperemic origin, because it is in these that arsenic will be found most efficacious. In short, it is the morbid condition, of which menorrhagia and leucorrhœa are but the secondary phenomena which I propose to treat with arsenic; for, if we can cure the former, the two latter must necessarily disappear. Yet I would not have it understood that these consequent symptoms are to receive no attention. Both must be checked when excessive. All gynecologists, however, know how imprudent and injurious it is to stop abruptly discharges which are often nothing more than Nature's method of relieving the hyperemic condition of the parts from which they emanate. Hyperemia of the passive or atonic character is that which is most benefited by the use of arsenic. The uterus, when in this condition, is larger and softer than in its normal state. It is usually tender to the touch, but not always so. To the eye it appears of a deeper red than is natural. After death, the capillaries are found dilated, and the tissues tinged with red. Unlike the color produced by inflammation, however, this redness can be removed by careful washing.

A patient coming to you with her uterus in the state just described, will, in addition to a host of other subjective and objective symptoms, most probably complain of the too frequent recurrence of the catamenial period, of the excessive discharge at that time, and, in the intercatamenial period, of persistent and distressing leucorrhœal flow. Now, in such a case as this, I should commence by administering two drops of the liquor arsenicalis, or one granule of arsenious acid, three times a day, at meal-times. This dose I should continue for a fortnight. If, at the end of that time, no conjunctival irritation had displayed itself, I should increase the dose to four drops of the solution or two of the granules; and then again, after another interval, to six, eight, ten, or even more drops, or granules in proportion, watching the patient, and being guided by her tolerance of the remedy.

Besides the general effect of arsenic already alluded to, the first result of this treatment will be the lengthening of the intercatamenial period; and it is remarkable how this is sometimes extended, one or two days being only gained at a time. By persisting in the remedy, however, the interval will become greater until it arrives at its normal duration. Occasionally the progress is more rapid, and the proper interval is at once attained. Besides the improvement in this respect, the amount

of the discharges will gradually decrease, and in like manner all the other hyperemic symptoms disappear. I have found it necessary to administer large doses, and cannot remember ever having produced any of the premonitory symptoms of arsenical poisoning beyond that of conjunctival tenderness. I have been obliged, however, to continue the remedy for several months, and have had to recur to its use more than once when the hyperemic symptoms have reappeared. In some cases, an excessive leucorrhœal discharge has the effect of supplanting the catamenial. In these, the cure of the former has the result of removing the amenorrhea.

The Source of Nerve Force.

The *Journal of the Franklin Institute* says: Mr. J. St. Clair Gray is the author of a view concerning the origin of a nerve force, which he is very judiciously endeavoring to verify by actual experiment. The author, starting from the assumption that this power had in it an electrical element, arrived finally at the conclusion that its source is to be sought for in the sulphur and phosphorus in the animal system.

It is well known that phosphorus exists in considerable quantity in the brain, and that sulphur is present in the liver, while an alkaline fluid is in constant circulation between them.

To determine the fact as to whether a combination of similar elements would generate an electric current, he constructed a cell containing caustic potassa, in which were placed sticks of sulphur and phosphorus. Chemical action very soon set in. The phosphorus was soon converted into an oily mass, the sulphur gradually wasted away at the point of contact with the former, while potassa salts were formed in the solution. The operation was attended with the evolution of phosphuretted and sulphuretted hydrogens.

The action seems to be very gradual, since we are informed that at the end of three months it was still going on. The presence of an electric current in the cell was conclusively established by the electrometer, the electromotive force being found to be superior to that of the Daniell cell.

Having thus established one fact in favor of his hypothesis, the author next proceeded to test its truth under the actual conditions of life. The leg of a frog was prepared as a galvanoscope according to Galvani's directions. A rabbit was then chloroformed and through an incision in the abdomen an insulated copper wire was introduced into the substance of the liver, and another similar wire passed through the optic forearm into the brain. The free ends of the wires were then brought into contact with the exposed nerve of the frog's leg, when powerful convulsions were produced in it; a very clear demonstration that an electric current does exist

between the brain and the liver. From these the author infers that the source of the current is the action of the alkaline fluid on the sulphur and phosphorus in these organs; especially since he has shown, from his experiment with the cell constructed on this principle, that the combination of these elements is capable of generating a very powerful current.

The experiments are still being continued, and we shall doubtless soon be informed either that subsequent investigation has disproven this ingenious theory, or that the source of nerve-force is discovered. The very obvious objection that sulphur and phosphorus do not exist *as such*, but as compounds, in the liver and brain, must, of course, be considered as militating against the author's views, until it is shown to the contrary.

The Exciting Causes of Hereditary Diseases.

Dr. ANSTIE describes four chief exciting causes of hereditary neuroses in the *Journal of Mental Science*.

1st. Deficient nutrition in childhood; 2d, preponderance of emotion over steady intellectual work, in the ordinary brain-life of an individual; 3d, the occurrence of phthisis more especially, but also of any disease which by involving protracted suppuration, or in any other way, exerts a prolonged and steady depression of nutrition; 4th, unwise intermarriages.

1. Upon the subject of the defective nutrition of infants and children, it is not nowadays necessary to dwell so urgently as it would have been a very few years ago. I fear, however, that there is still a large remnant in the profession of that extraordinary and most tyrannical superstition—that children are liable to "grossness of blood," if well fed, which has in its day been ten thousand times more murderous to human life than was ever the cholera or the plague. How it was even possible for scientific men to forget that a child *not merely lives but grows*, I cannot guess: but without wasting more breath than is necessary for one hearty imprecation on the stupidity of some of our ancestors in this respect, let me implore every one present to do his part to establish it as an unquestioned rule of practice, that (with proper attention to obvious matters as to its *quality*) the food of children up to, and especially during the trying period of sexual development, should be practically unlimited except by the limits of appetite, or the occurrence of positive and unmistakable failure of primary digestion. And let this rule be enforced with most especial stringency in every case where the hereditary neurosis either confessedly exists, or from signs that we notice may be expected to revive.

2. The predominance of emotional over intellectual work, in the daily life, whether of

child or adult, especially when this is associated with an absence or insufficiency of that habitual physical exercise which is so necessary to preserve the vital balance of the organism, is a most serious cause of evil. It is confessedly most disastrous in its action upon persons who are distinctly of a neurotic family type; but it can itself apparently create that type, or rather, as I believe, merely revive the dormant mischief which descends from a now forgotten genealogical source.

The most intense type of this emotional ascendancy is often seen in preachers of the rhetorical turn. I don't mean mere spouters, but really eloquent and earnest men, more especially if there mingles with their earnestness some considerable dash of ambition or love of spiritual power. And the neurotic result is apt to fall, as one might well expect it would fall, especially on the apparatus of circulation and of respiration. From inquiries that I have made, it is really appalling to learn how frequently clergymen of this type are partially or wholly disabled by neurotic asthma and neurotic angina pectoris. The first case that occurs to me is one which, from time to time in its treatment, has caused me great anxiety. It is that of a clerical gentleman, whose nervous system has really seemed, during a great number of years past, to be a mere playground for the whole tribe of so-called functional diseases. Thus, he has had spasmodic asthma for more than twenty years and for the last five years neurotic angina pectoris in addition; some of the earlier attacks of the latter were so severe as nearly to prove fatal. Moreover, the angina is complicated with singular vaso-motor paralysis in the arms, and with the occasional appearance of psoriasis on the palms of the hands. Again, it should be mentioned that this gentleman has always been very liable to facial neuralgia, and that the attacks of this are frequently complicated with erysipelatous inflammation of the kind which I have shown* to be a secondary result of neuralgic affections. And, finally, it should be said that the general temperament of this individual is eminently "nervous;" he has all the sensitive feeling, æsthetic taste, and rapidity of thought, that so constantly distinguish the "artist born." So remarkable were both the mental characteristics and the pathological sufferings of this patient, that I confidently presumed we should find, on inquiry, a strong family history of nervous disease; and it was, at first, a regular knock-down blow to me when I learned that the case was *very much the reverse*.

This gentleman's information did not extend to more than two previous generations, and even for these was not absolutely complete; still he was very decided in saying that, during that period, it had been notorious that his family had been exempt from nervous diseases, and, indeed, rather specially healthy

and long-lived. This discovery for the moment seriously staggered me, and even induced me to waver in the belief which I had previously, and which I do now, most firmly entertain—that all the so-called functional disorders have really an organic basis, and that that organic basis is something capable of being transmitted from father to son. I may add that, last year only, I saw another case of neurotic angina, also in a clergyman, of which the general history and features were singularly like those of my first case. But in my latest reflections on the subject, I have found it impossible that the morbid events, in either of these cases, was due entirely to the pressure of external circumstances, independently of any influence from original bodily constitution.

It is true that, in my recent work on neuralgia, I have spoken of these and similar cases as examples of the creation of the neurotic temperament; and, for practical purposes, such as I had then chiefly in view, it is often useful to regard them in that light. But in addressing you, gentlemen, who are biologists, and are in the habit of believing that *ex nihilo nihil fit*, one should speak more precisely. And as the clinical facts of these two cases are precisely similar to those of very many other examples of asthma, and angina, and of the closely allied trigeminal neuralgia, which have come within my knowledge, and in which there was a distinct neurotic inheritance, I cannot seriously doubt that the evil was simply dormant, not non-existent, in these two patients, from the moment of their birth. It is of course not only clergymen that suffer from emotional excitants, nor is excessive religious emotion the only kind that wears and strains the life of the medulla oblongata and spinal cord centers of the cardiac and respiratory nerves; one of the most striking examples of neurotic angina that I ever saw occurred in an exceedingly able man, an engineer, who had suffered keen anxiety and disappointment at the failure of certain important schemes. There, too, the source of neurotic inheritance was not immediately obvious; but it existed, nevertheless.

3. The intrusion of *phthisis* into an individual case, or into the history of a family, has often a more disastrous influence in evoking a hereditary neurosis that was previously quite or nearly dormant. I commend to your attention, in this respect, the first of the medical genealogies (that of one of my *scitica* patients) given in my work on neuralgia; it will be seen that the marriage of a somewhat neurotic person with a phthisical lady was productive far more strikingly of neurotic than of phthisical tendencies in the descendants. I could produce other instances, equally noteworthy. It does not seem to me that there is anything more special in this influence of phthisis in heightening family neurotic tendencies, than is accounted for by its position as *facile princeps* among debilitating

* Vide Reynolds' System of Medicine, vol. II. Art. "Neuralgia;" also my book, "Neuralgia, and Diseases therewith liable to."

constitutional diseases. In this respect I decidedly incline rather to the view which (if I understand him rightly) Dr. Bladford takes in his interesting lectures on insanity, than to that of Morea, of Tours, who, in his "Psychologie Morbide," seems to me to make an unnecessary mystery of the connection between the strumous diathesis and the neurotic cycle of diseases.

4. Lastly, among the influences which, if any can, do most undoubtedly assist the resurrection of that long-buried neurotic family temperament, we must certainly reckon the results of imprudent marriages. We have only to reflect on the continual intermixture of families which goes on, to perceive that small portions of the neurotic tendency must really by this period of the world's history have infected nearly every family that exists. Thus we must suppose that the essential elements of a potential neurosis exist, at any rate in the dormant form, on every side, and we are bound to seek some explanation of the fact that so many families escape, for generations together, anything like severe or active outbreaks of the neurotic tendency. I cannot doubt that the preservative agency is to be found, to a large extent, in the regeneration of families by the infusion of fresh and healthier blood by marriage. Surely the results of the opposite course are to be traced in the notorious facts on which is based the half-popular, half-scientific view that the marriages of first cousins are followed by the birth of unhealthy children, and that insanity and phthisis are especially often the curse of such offspring. I have seen nothing to lead me to believe that this really occurs, except in the instance where the family, two members of which thus breed in, is, or has been, somewhat strongly infected with the neurotic or the phthisical tendencies. But, doubtless, the reduplication, in the children of a husband and wife who belong to the same distinctly neurotic family, of the physical qualities that are the bane of the race, must multiply, in geometric rather than arithmetic ratio, the chances of disaster.

On Mortuary Records.

The importance of accurate death returns cannot be too strongly insisted upon. An excellent article upon their value is contributed by Dr. H. EULENBERG, to the *Vierteljahrsschrift für Gerichtliche und Öffentliche Medicin*, Oct. 1871. He proposes a scheme for the death return, which we reproduce, believing that the more constant uniformity observed in such statistics, the more useful they will prove. The following headings are to be filled by the attending physician:

1. Family and Christian name (sex and color).
2. Age (date of birth; if a foetus, the month of pregnancy).
3. Still-born (with or without professional assistance).

4. Birthplace and religion (how long a resident).

5. Cause of death (primary; secondary).

6. Day and hour of death.

7. Occupation, business, or profession (if a child, occupation of parents).

8. Family relations (married, unmarried, widow or widower, divorced; in children, legitimate or illegitimate; in infants, fed from the breast or bottle).

9. Was the deceased assisted by public aid or otherwise.

10. Residence (in children, of parents; street and number; which story; front or back building; how long in the house).

11. Was the deceased personally known to and treated by the physician.

12. Remarks (manner of life, hereditary tendency, when and how the disease was contracted, etc.).

Reviews and Book Notices.

NOTES ON BOOKS.

—The *Aldine* is the prince of illustrated papers. An enterprise that so successfully encourages one of our finest and most popular arts should receive encouragement. The engravings (wood) are of the highest order, and are in excellent taste. The letter-press contents are interesting and instructive. The principal engravings in the February number are Zekle's Courtin', true to the life; The Monk's Oak, a perfect gem in landscape; Music in the Alps; An Old Mill in Wyoming Valley; Manifest Destiny; a wild chase on the prairie after a wounded buffalo, by an Indian and a white man, with an impending conflict over the poor victim. This is a full page engraving, as is also an exquisite landscape scene, Morning on the Ausable. The subscription price is \$5.00 a year with an oil chromo premium.

—From A. WINCH, 505 Chestnut street, Philadelphia, we have received the Old Franklin Almanac for 1872. It is a well-known favorite almanac, containing much useful historical and statistical information in a small space. The *Public Ledger Almanac* for 1872, issued for the benefit of the supporters of the *Public Ledger*, an excellent daily newspaper of this city, is well edited on all subjects pertaining to almanacs. It contains much local information of value and importance. The *Tribune Almanac* is well-known as the most complete political register that is issued in this country.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 3, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SOME REMARKS ON LONGEVITY.

We recently reported the instances of longevity in this city which have come to our notice through a daily journal. There is always a great degree of interest attached to such examples of what our systems are capable of enduring. "With long life will I satisfy him," is one of the scriptural promises to the righteous man.

There are writers who have cast doubts on the truth of reputed centenarian longevity. But examples of considerably longer lives than a hundred years can be authenticated beyond peradventure. A recent case in point was THOMAS GEERAN, who died at Brighton, England, last October. His life has been published by the St. James Literary Company, Brighton, and a tolerably careful *post-mortem* was made by Dr. TUTHILL MASSEY, of that city.

Thomas Geeran enlisted in Waterford; was present at the capture of Seringapatam, in 1799; at Coruma, in 1809, he received two gunshot wounds below the left knee; at Vittoria, in 1813, a severe sabre cut in the head. He escaped through Waterloo, and entered Paris with the victorious army; was discharged, invalided, from the 71st Highlanders, in 1819,

with 114 days' pay. At the date of his death he was one hundred and five years and six months old. He was active, and retained his faculties and his love of life to a very short period before his death, which was caused by serous apoplexy.

At the autopsy his body appeared well proportioned but thin; skin clean and white, without any appearance of hair; the abdomen sunken and changing into a greenish tinge; limbs strong and extended; skin adhering closely to the sternum and ribs; pectoral muscles were of a bright pink; bony chest, elastic, the knife running readily through the cartilages. The ensiform cartilage was elastic and prominent. There was some difficulty in raising the breast-bone, on account of close attachments by dry cellular tissue to the anterior mediastinum. After a very careful dissection through a thick membrane, the heart was found firmly encased in the pericardium—the result of some former inflammation; the lung on the left side adhered to the ribs and pericardium. The heart appeared small and felt firm in texture; valves healthy; columnæ carnæ dense and of a bright red. The pulmonary artery had a thick bluish-black clot of crassamentum occupying its circumference from the semilunar valves; no osseous formation visible or to be felt; lungs were of the dark mottled gray of old age, otherwise healthy and elastic.

For seventy or eighty years the old man had been accustomed to take a morning glass of rum, and a gill or two of gin daily. In fact his weakness was for alcoholic stimulants. Hence his liver was carefully examined. It was not of the usual hepatic color; in this case it presented a deep purple-black, with a smooth shining surface, to the touch more elastic, and, if anything, slightly enlarged. It did not cut like ordinary liver, for all the structure and the vessels gave more the idea of the black carbonized lung of the coal-miner, except that here the color was due to coal-black blood, thick as black-currant jelly,

which oozed out. The thin edge of the liver had a dull leaden hue, due to the change since death. The gall-bladder contained some dark-colored bile. The duodenum and pyloric end of the stomach felt hard and irregular, and the structure was changed to the extent of three or four inches into carcinoma, with one ulcerated patch.

The genito-urinary organs were healthy, and, it is said on good evidence, exhibited functional activity up to two years ago. Old Thomas Parr, at 105, did penance in a white sheet in Aldersbury Church for an illicit amour with fair Catherine Milton, on which the poet Taylor wrote:

"Should all that so offend such penance do,
Oh! what a price would linen rise unto!"

Still more remarkable was the age attained by Mr. Harvey Thacker, who died also last autumn, and must have been at least a score of years older than Geeran. We should be glad if the brief account we have found of him were amplified and attested by some of the medical men resident in California, where he died.

Harvey Thacker, a son-in-law of Daniel Boone, was born in Buncombe county, North Carolina, somewhere about the year 1743—128 years ago. The *Chico (Cal.) Review* says that he died at the residence of his son Harvey (aged seventy), in Shasta county, California, about the middle of September, 1871. He is supposed to have been the oldest man in the United States, if not in the world.

No mention is made of his life record during the Revolutionary war, though he was just thirty eight years old when that war broke out, but he is said to have served, after he was seventy, under General Jackson at the battle of New Orleans, under Harrison at the battle of Tippecanoe, and also in the Black Hawk war in Illinois.

But there is an example, and we understand a well authenticated one, of a longevity considerably beyond Thacker's, in our country.

This was Joseph Crele, who died January 27, 1866, in Caledonia, Wisconsin. He was

born of French parents, in what is now Detroit, in the year 1725, as the record of his baptism in the Catholic church in that city establishes beyond a doubt. He lived, therefore, to the age of *one hundred and forty-one years*.

He was of medium height, spare in flesh, and of sinewy strength. Until within two years of his death he could walk several miles without fatigue, and chopped all the wood needed for the family use. His life has been passed in open air, in hunting, fishing and trapping. He was temperate, except that he was an inveterate smoker.

Like many others who have attained great age, he married a young woman, when far advanced in life, and had a daughter, when he was sixty-nine years of age. The only weakness of mind he ever betrayed was in the last year or two of his life, when he occasionally remarked, with an air of sadness, "Death has forgotten me." But he would soon brighten up, and add, "But God has not."

As curiosities of history, if for no deeper reason, all such instances merit careful preservation in medical records.

Notes and Comments.

Earth Dressings at Guy's Hospital, London.

Mr. FRANK F. ROWLAND, of Media, Delaware county, Pa., formerly a student of the Jefferson Medical College, and a constant attendant last winter at the Pennsylvania Hospital, but now attending the clinics at Guy's Hospital, London, writes to a friend and fellow student thus:

"You must not neglect to tell Dr. Hewson that I have made a victory for his treatment, with his clay, in Guy's Hospital. While going around the surgical wards, I remarked to one of the dressers that I had seen some very remarkable cures made of burns by its use in the Pennsylvania Hospital. After examining and cross-examining on the subject, they offered to let me try it on one of their worse cases. Before attempting it, I showed them a clinical report of Dr. Hewson, on burns, in the Pennsylvania Hospital.

"You might have seen me carrying a lump of clay across London bridge on my way to Guy's. It excited no little curiosity among the students when it was noised abroad that the American was going to try the 'American dodge' on a boy in one of the surgical wards. The case was a most unfavorable one for my treatment; however, I had faith.

"The patient is a boy who eight months ago received a burn extending over both arms from the fingers to the shoulders. Up to the time I applied the clay, it showed little or no disposition to heal. They would not permit me to put both arms in the dressing, so I asked for the most painful one. The application was made and the patient obtained the greatest freedom from pain since his accident. It gave such relief that the boy begged me the next day to put the other arm in the same dressing, which I did. I am very anxious for it to succeed, and will dress it for him as long as I stay here, after which others must do it, for the boy will have nothing else applied. The result so far has been more than my most sanguine expectations looked for."

The Mother of two Physicians.

Mrs. Southworth, the novelist, is thus chattered about: "Tallish in figure, with full forehead, well balanced head, thoughtful gray eyes, and a face denoting intellect of the deliberate, reasoning kind, she seems likelier to be a writer of the Martineau order than of the imaginative style. She has two children: Dr. Richard J. Southworth, a much esteemed physician of Georgetown, and Charlotte Emma Lawrence, the wife of Dr. James V. Lawrence, an officer in the United States Army."

Antidote to Liquor Poisoning.

The physician in charge of the drunkard's department of Blackwell's Island says that milk or eggs are antidotes for liquor poisons, and those who must drink liquor should mix milk or eggs with their "poison," which will take effect on those articles instead of the toper's stomach.

Increase of Intemperance in France.

At the last session of the Academy of Medicine Drs. MAGNAN and BOUCHEREAU gave the result of their research among the sick who entered the Sainte Anne Hospital during

March, April and May, 1871, either because of tremens or paralysis. They endeavor to show that it is not alone by the larger number that the "alcoholists" of 1870-1 are distinguished from those of former years, but by the pronounced character of the intoxication. The most salient fact is the enormous proportion of persons struck down by general paralysis. Alcohol, during the month of May, 1871, furnished more than half the total contingent of insane to the asylums.

Wall Papers.

It having recently been stated, on the authority of a London analytical chemist, that English wall papers of all colors contain arsenic in some form, several well-known manufacturers of paper hangings in the United States wish it to be understood that their own colors and glue are entirely free from arsenic in any form, and are perfectly harmless and pure. An exception is made to the above general statement in the case of "Paris green," which contains a slight quantity of arsenic. This pigment, however, is only used to produce a peculiar green tint, and even then, it is claimed, the composition is so prepared that the escape of any particle of color from the wall paper is as effectually prevented as if the surface was encased with a thin sheet of glass.

Medical Education of Women.

This subject has again been brought to the attention of the authorities of the Medical University of Edinburgh, and permission for females to attend lectures and receive degrees under the same conditions as males, has been refused. The governors of the University, however, are willing that medical instruction should be imparted to women in strictly separate classes, provided the female students would be satisfied in receiving, after examination, certificates of proficiency in medicine instead of University degrees. Such certificates, it is stated, are granted by the London University.

Dr. Holland's Memoirs.

SIR HENRY HOLLAND, the well-known fashionable London physician, and now in his eighty-fourth year, has just published the recollections of his past life. Besides being

a laborious professional man he was also an indefatigable traveler, and visited almost every region of the world. It is mentioned as a curious coincidence, that in every country his visit was followed by an insurrection not long after. It may be remembered that Sir Henry Holland was attached to the party of the Prince of Wales during his journey through the United States in 1860, and that the great rebellion broke out in the year following.

Alcohol as a Medicine.

Dr. FORBES WINSLOW, the well-known writer on diseases of the brain and mind, has sent a letter to the *London Times*, stating that during the last twenty years he has seen numerous cases, more particularly among women, of an insane craving for alcohol, which could be traced to the injudicious use of stimulants given in the first instance medicinally. The unwise and prolonged continuance of the use of alcohol after the physician has retired from the treatment of the case, Dr. Forbes Winslow says, causes spirits to become a necessity of life, inducing habits of tippling and confirmed drunkenness, and eventually developing severe diseases of the brain and mind, and frightful disorders of the nervous system. Dr. Forbes Winslow speaks in the strongest terms of condemnation of the stimulating theory as applied to the treatment of acute inflammatory affections. He says that the habit of stimulation may be established by the occasional sipping of spirits of wine, cologne water, spirits of chloroform, spirits of ammonia or any of the medicinal tinctures as well as by drinking brandy, whisky or wine. Such opinions are not yet indorsed by the profession at large with us.

The New York Quarantine.

The report of the health officer of New York states that during 1871 there arrived at that port from foreign and domestic ports 9,576 vessels, subject to quarantine. Of these, about seven per cent. were detained longer than the time required for boarding and examination. Of the per centage named, 237 vessels had cases of contagious and infectious diseases aboard, and 466 had arrived from yellow fever ports; 124 were detained longer than five days, and 75 vessels were discharged at quarantine. There were 152 vessels de-

tained on account of small-pox aboard, and on these there were 365 persons ill with the disease, and 82,438 persons were exposed to infection. Of these persons 74,000 were vaccinated by the health officers.

Cold Bathing.

A London paper says of the Serpentine in Hyde Park, London: "Every morning in the year, no matter how inclement the weather may be, there are bathers in this ornamental lake, and during the hard frost of last December, skating and bathing were going on at the same time, the ice having been broken with hatchets, in order to allow the latter sport to be enjoyed. On December 25th, the winter bathers' annual festival was held, and there was a swimming match for a silver cup, over a course one hundred yards long, and thirty persons contended for the prize."

The Course of Crime.

Not long since we adverted to the crimes of a notorious female abortionist in Albany, N. Y., who was protected in some measure by the press and the profession of that city. Since then she has proved herself a murderer of adults as well as infants, under the assumed name of McCarty. The *Albany Journal* makes the following remarks:

"This Mrs. McCarty is the 'female physician' of this city, known as 'Mrs. Burleigh,' some of whose professional work has given her considerable notoriety within a few months past. It seems that she travels about under different names—generally 'Burleigh,' but sometimes 'Seymour,' and, as in Utica, 'McCarty.' The police of Utica have telegraphed for her general character, but have no other particulars of the shooting than is given above. It seems there was a cause for the quarrel with the man Thompson, whom Mrs. Burleigh attempted to kill. Some three years ago he enticed her into a state room on one of our steam-boats. The result, she claimed, was a daughter, now living, and she began to black-mail Thompson. Among other valuables she obtained from him was the house she recently occupied in Howard street. Having then refused to continue his benefactions, she informed his family of what had transpired. Upon this Thompson foreclosed the mortgage on the Howard street house, and on last Monday the woman became homeless.

She at once proceeded to Utica, and this murder is the result. The man she intended to kill will probably live. An innocent man was killed."

Correspondence.

DOMESTIC.

To Remove Tar, Turpentine, etc., from Objects.

EDS. MED. AND SURG. REPORTER:

By accident, I recently discovered a simple combination that will speedily and effectually remove from glass, porcelain, hands, or any part of the body, Venice turpentine, tar, pitch, or any sticky substance of a like nature that will resist warm water and soap. It is entirely harmless to the skin, and yet it will remove these substances as promptly and as thoroughly as soap and water will remove common dirt.

All are aware how difficult a task it is to cleanse a graduate after measuring any given quantity of Venice turpentine, or to remove the traces of a rather soft, sticking, or other plaster, from the human body. Now to let the "cat out of the wallet," here is the secret in a nut shell:

For Cleansing Glass.—An amalgam of the pulverized extract of licorice and oil of aniseed. This seems to combine with the turpentine, and it may then be rubbed dry and clean with a pledget of cotton.

For cleansing tar or pitch from the skin, make the mixture about the consistency of thick cream, and rub on thoroughly with the hand; then follow with a piece of good soap, a sponge and warm, soft water.

We give you this gratuitously on the condition that you inform us if it does not do what we claim for it.

A. D. BINKERD, M. D.

Parker's Landing, Pa., Jan. 10, 1872.

The Use of the Vertebrated Catheter.

EDS. MED. AND SURG. REPORTER:

The difficulty that heretofore attended the introduction of the catheter in retention of urine from an enlarged prostrate gland, led me to test Dr. SQUIRES' vertebrated catheter—which was presented to the State Medical Society at its last session, in this city, for consideration—and of which honorable mention is made in its transactions. Mr. A., set seventy-two, for the last eight years had frequent retentions of urine from enlargements of the middle lobe of the prostate. It has averaged two paroxysms a year of fourteen days each, requiring relief twice in 24 hours. The channel was tortuous and the introduction of the catheter, so difficult that I ordered one of Dr. S. CALTERN. The introduction

was so easy that the old gentleman purchased the catheter, and for two weeks relieved himself daily and now feels master of the situation.

I take pleasure in calling the attention of the profession, especially those who are living in the country, to the facility with which unskilled hands can relieve themselves and avoid necessary suffering. The instrument is manufactured by Mr. Gemrig, of your city.

Very respectfully,

B. H. DETWILER, M. D.

Williamsport, Pa., Jan. 13, 1872.

Recovery after Excessive Use of Chloral.

EDS. MED. AND SURG. REPORTER:

I have noticed in the REPORTER several cases of poisoning by chloral hydrate. I now send you a case of my own, where a large dose proved to have no serious results.

Mrs. S., æt. 28; nervous temperament; primipara; weight, 95 lbs.; inclined to hysteria; has been in the habit of taking chloral to produce sleep for the last year. On the evening of January 5th she got very angry at her husband and went into hysterics. I was called in and threw one-third grain of morphia into the back of her neck hypodermically; in twenty minutes she was asleep. I gave directions to keep up the use of chloral when she was wild, and left. Her husband would tell me every day or two that she was quiet part of the time and raving at others.

On the 12th I was again called and found her vomiting, with signs of poisoning. On inquiry I found he had bought 3j. every night and given it all until last night; he then found it was cheaper by the 3, and as he was a poor man he got the 3, and during the night gave her the whole of it. In short, she took 3j. every day for six successive days, and then took 3j. during the night. I ordered 3ss. iron, quinia and strychnia, as prepared by REED, CARNICK and ANDREWS, every two hours. In twenty-four hours she was completely recovered.

J. BUTTS, M. D.

Onawa, Iowa, Jan. 19, 1872.

The Preservation of Vaccine Virus.

EDS. MED. AND SURG. REPORTER:

I send you my simple method of preserving vaccine virus, for future emergencies.

Procure two pieces of glass about an inch square, one of which should be over an eighth of an inch thick. In the center of the thicker piece, with a carpenter's brace and a suitable drill of hard steel, excavate a depression large enough to contain the scab, on which pour a few drops of glycerine, and then bind the two pieces together with wire or twine, and insert a wooden wedge under the place of intersection, and dip the whole in varnish. When dry it will keep for years in a cool, dark place.

GEORGE GOODALL, M. D.

Sykesville, Bur. Co., N. J.

NEWS AND MISCELLANY.

American Medical Association.

Office of Permanent Secretary.

WM. B. ATKINSON, M. D. }

1400 Pine street, S. W. cor. Broad, Phila. }

The twenty-third annual session will be held in Philadelphia, Pa., May 7, 1872, at 11 A. M.

The following committees are expected to report :

On Cultivation of the Cinchona Tree—Dr. Lemuel J. Deal, Pennsylvania, Chairman.

On the Anatomy and Diseases of the Retina—Dr. R. F. Michel, Alabama, Chairman.

On the Comparative Pathology and the Effects which Diseases of Inferior Animals have upon the Human System—Dr. Geo. Sutton, Indiana, Chairman.

On the Structure of the White Blood Corpuscles—Dr. J. G. Richardson, Pennsylvania, Chairman.

On Vaccination—Dr. T. N. Wise, Kentucky, Chairman.

On Skin Transplantation—Dr. J. Ford Thompson, D. C., Chairman.

On the Nature and Process of the Restoration of Bone—Dr. A. L. McArthur, Illinois, Chairman.

On some Diseases peculiar to Colorado—Dr. John Elsner, Colorado, Chairman.

On Correspondence with State Medical Societies—Dr. N. S. Davis, Illinois, Chairman.

On National Health Council—Dr. Thomas M. Logan, California, Chairman.

On Nomenclature of Diseases—Dr. Francis Gurney Smith, Pennsylvania, Chairman.

On What, if any, legislative means are expedient and advisable to prevent the spread of Contagious Diseases—Dr. M. H. Henry, New York, Chairman.

On American Medical Necrology—Dr. J. D. Jackson, Kentucky, Chairman.

On Medical Education—Dr. J. S. Weatherly, Alabama, Chairman.

On Medical Literature—Dr. Theoph. Parvin, Indiana, Chairman.

On Prize Essays—Dr. Alfred Stillé, Pennsylvania, Chairman.

On the Climatology and Epidemics of—New Hampshire, Dr. G. R. Crosby; Vermont, Dr. G. B. Bullard; Massachusetts, Dr. E. Cutter; Rhode Island, Dr. Edward T. Caswell; Connecticut, Dr. J. C. Jackson; New York, Dr. W. F. Thoms; New Jersey, Dr. E. M. Hunt; Pennsylvania, Dr. W. L. Wells; Maryland, Dr. C. H. Ohr; Georgia, Dr. A. J. Semmes; Missouri, Dr. W. S. Edgar; Alabama, Dr. R. F. Mitchel; Texas, Dr. S. M. Welch; Illinois, Dr. David Prince; Indiana, Dr. Dugan Clark; District of Columbia, Dr. J. W. H. Lovejoy; Iowa, Dr. J. Williamson; Michigan, Dr. S. H. Douglas; Ohio, Dr. J. A. Murphy; California, Dr. F. W. Hatch; Tennessee, Dr. W. K. Bowling; West Virginia,

E. A. Hildreth; Minnesota, Dr. Chas. N. Hewett; Virginia, Dr. A. G. Wortham; Delaware, Dr. L. B. Bush; Kansas, Dr. Tiffin Sinks; Mississippi, Dr. J. P. Moore; Louisiana, Dr. S. M. Bemiss; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. L. P. Yandell, Sr.; Colorado, Dr. R. G. Buckingham; Oregon, Dr. E. R. Fiske; North Carolina, Dr. J. F. Haywood; South Carolina, Dr. M. Simmons.

Physicians desiring to present papers before the Association should observe the following rule:

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent to examine them with care, and, with the advice of the chairman of his Section, to determine the time and order of their presentation, and give due notice of the same."

OFFICERS OF SECTIONS.

Chemistry and Materia Medica.—Drs. R. E. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Secretary.

Practice of Medicine and Obstetrics.—Drs. D. A. O'Donnell, Baltimore, Md., Chairman; Benjamin F. Dawson, New York, N. Y., Secretary.

Surgery and Anatomy.—Dr. John T. Hodgen, St. Louis, Mo., Chairman; W. F. Peck, Davenport, Iowa, Secretary.

Medical Jurisprudence, Hygiene, and Physiology.—Drs. S. C. Busey, Washington, D. C., Chairman; E. L. Howard, Baltimore, Md., Secretary.

Psychology.—Dr. Isaac Ray, Philadelphia, Pa., Chairman; John Curwen, Harrisburg, Pa., Secretary.

Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the Permanent Secretary.

Railroad and hotel arrangements will be announced at an early date.

W. B. ATKINSON.

Electricity and Nerve Force.

Mr. J. St. Clair Gray, of Glasgow University, Scotland, has recently observed the mutual action of sulphur and phosphorus in alkaline solutions, and the idea that such action might be the source of an electric current occurred to him. Accordingly he prepared a cell containing caustic potash in solution, and placed in it sticks of phosphorus and sulphur; and he found, half an hour afterward, that the sulphur remained unaffected, while the phosphorus had settled in an oily mass to the bottom of the alkaline fluid. Phosphoretted hydrogen, spontaneously inflammable, was given off during the first six days; but after this time the gas became somewhat sulphuretted, and no ignition took place. The

test by Sir W. Thompson's electrometer, made by a qualified assistant of that eminent philosopher, showed the electromotive force to be 162, while a Daniell, acting under similar conditions, exhibited 120 only. A remarkable feature of this battery was that the fluid phosphorus on being removed and washed, still retained its liquid state. Sticks of solid phosphorus, were introduced, and they not only did not help the liquor to solidify, but speedily became deliquescent themselves.

Mr. GRAY's object was to obtain data to support a theory on the origin of nerve force, he being convinced that the power of the nerves had an electric element in it. He was induced to make the experiment described above by the well known facts that phosphorus is largely present in the brain and sulphur in the liver, and that an alkaline fluid is in constant circulation between them. He has tested this theory by experiments on a rabbit, and considers that he is justified in assuming that his explanation of the existence of galvanic action between the brain and liver is correct and well founded. We shall probably soon be enabled to lay further results before our readers.

Photographed Nerve-Sections.

Dr. DUCHENNE, of Boulogne, has presented to the French Academy of Medicine an album containing copies of photographs of the appearances presented by sections of the great sympathetic nerve, the spinal ganglia, the spinal cord, and the medulla oblongata greatly magnified. He fixed the photographs on stone by a process he terms photo-autography, the details of which, however, he does not communicate. It is satisfactory to find him stating that the results confirm the substantial accuracy of the beautiful drawings made by Dr. Lockhart Clarke on the central part of the nervous system, and especially upon the medulla oblongata. In his later experiments Dr. Duchenne has adopted Dr. Clarke's method of preparation with chromic acid and carmine. He states that certain micrographic details come out with wonderful clearness in the photographs, and that by this means some important additions may be made to our knowledge. He has ascertained that in the white substance of the medulla oblongata there are nerve tubules from thirty-three thousandths of a millimeter to three-hundredths of a millimeter in diameter.—*Nature*.

The Germantown Hospital.

The organizing meeting of the Board of Managers of the Germantown Hospital and Dispensary was held on the 16th inst., when the following officers were elected:

President—James E. Rhoads, M. D.

Secretary—Thomas Stewardson, Jr.

Treasurer—Norton Johnson.

Physicians to the Hospital—Wm. Darrach, M. D., T. L. Léavitt, M. D., A. F. Muller, M. D.

Attending Physician at Dispensary—Dr. Léavitt.

Outdoor Physicians at Dispensary—Drs. Léavitt, William Darrach, Muller and Fulton.

Germantown needs a large, well-endowed hospital. The enterprise is in good hands, and we hope the residents of that section of the city will not be lacking in giving it a vigorous, hearty support.

—Queen Victoria's life was rendered doubly a burden during the illness of her eldest son by the incessant stream of lotions, decoctions, and medicaments poured in for the salvation of the Prince. One quack, more impulsive and confident than the rest, rushed into the royal pew, and made an incoherent appeal to the good mother to accept his nostrum for her sick son, and life would, of a certainty, be assured.

MARRIAGES.

BUGSTRESSER—ROBINS. At Elysburg, Pa., January 16th, by the Rev. S. C. Swallow, S. A. Bugstresser, Esq., of Mt. Carmel, and Miss Annie M., daughter of Dr. Joseph C. Robins.

CANNON—DALE. January 4th, by Rev. George Norcora, Harry P. Cannon, of Bridgeport, Delaware, and Miss Anne Dale, daughter of Dr. W. W. Dale, of Carlisle.

BAYLEY—HEMION. January 10th, at the residence of the bride's father, by the Rev. John Steele, Norman B. Bayley, M. D., of New Haven, Conn., and Miss Etta Hemion, of Freshness, near Patterson, New Jersey.

HOLBROOK—CHALMERS. January 17th, 1872, at the residence of the bride's father, New York City, by the Rev. Dr. Paxton, assisted by the Rev. Dr. Adams, Wm. C. Holbrook and Anna M., daughter of Dr. Chalmers.

SHEPARD—HUMPHREY. Brooklyn, January 17th, Dr. Charles U. Shepard, Jr., of Charleston, S. C., and Miss Ellen Humphrey, daughter of the late Hon. James Humphrey.

LEFFLES—HAIR. By Rev. W. Davidson, at the residence of the bride's father, Dr. Hair, of Millville, Ohio, Samuel P. Leffler and Miss Beola J. Hair.

MCALLISTER—GOULD. In West Randolph, Orange county, Vermont, January 15th, Dr. J. McAllister, of Bernard, and Miss Rosa Gould, of West Randolph.

PALMER—MORTIMER. At Pottsville, Pa., January 23, 1872, by the Rev. Joseph McCool, Charles T. Palmer, M. D., and Sue J., daughter of William Mortimer, Esq.

PANCOAST—MASON. At Norwich, Chenango county, N. Y., on the 19th ult., by the Rev. D. E. Lovedge, Dr. D. P. Pancost, of Camden, N. J., and Hattie B., only daughter of Dr. Mason, of Norwich.

DEATHS.

ARNOLD. In Londonderry, New Hampshire, December 25, Mrs. Betsey E., wife of Dr. Jeremiah Arnold, aged 84 years, 10 months.

BABCOCK. In New York city, January 22, in the 20th year of his age, Dr. Nathan Babcock.

GARRISON. Dr. Nelson A. Garrison, one of the founders of the Kinca County Medical Society, died January 26. He was born in Brooklyn, where he practiced medicine for more than forty years.

MCWHINNEY. Suddenly, in this city, January 25, of apoplexy, Arthur McWhinney, M. D., aged 52 years, a native of England.

STEVENS. In Guilford Centre, Vermont, January 14, Dr. B. W. Stevens, aged 83 years.

HARRISON. In Xenia, Ohio, December 25, 1871, of tuberculosis, Thomas B. Harrison, M. D., in the 48th year of his age.

SWEET. Suddenly, in Lowell, Vermont, January 6, Dr. O. P. Sweet.

WILSON. At Cadiz, Ohio, January 16, Dr. Martin Wilson, the oldest citizen of the place. He had practiced medicine there for sixty years.